

FINANCIAL AFFIDAVIT

IN SUPPORT OF POWER OF ATTORNEY, REPORT OR OTHER COURT SERVICES WITHOUT PAYMENT

Rev. 3/98

IN UNITED STATES MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE

US

v.s. Michael PINA

FOR

AT

LOCATION NUMBER

CBP

PERSON REPRESENTED (Show your full name)

- Defendant—Adult
- Defendant - Juvenile
- Appellant
- Probation Violator
- Parole Violator
- Habeas Petitioner
- 2255 Petitioner
- Material Witness
- Other

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →) Felony
 Misdemeanor

ANSWERS TO QUESTIONS REGARDING FINANCIAL STATUS

Are you now Yes No Am Self-EmployedEMPLOY-
MENT

Name and address of employer: _____

IF YES, how much do you earn per month? \$ _____

IF NO, give month and year of last employment
How much did you earn per month? \$ _____If married is your Spouse employed? Yes No

IF YES, how much does your Spouse earn per month? \$ _____

If a minor under age 21, what is your Parents or

Guardian's approximate monthly income? \$ _____

ASSETS

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? Yes NoOTHER
INCOME

IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES

RECEIVED

SOURCES

\$ _____

CASH

Have you any cash on hand or money in savings or checking accounts? Yes No IF YES, state total amount \$ _____PROP-
ERTYDo you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes No

IF YES, GIVE THE VALUE AND \$ DESCRIBE IT

VALUE
_____DESCRIPTION
_____OBLIGATIONS &
DEBTS

DEPENDENTS

MARITAL STATUS

Total
No. of
Dependents

List persons you actually support and your relationship to them

 SINGLE MARRIED WIDOWED SEPARATED OR DIVORCEDDEBTS &
MONTHLY
BILLS
(LIST ALL CREDITORS,
INCLUDING BANKS,
LOAN COMPANIES,
CHARGE ACCOUNTS,
ETC.)APARTMENT
OR HOME:

Creditors

Total Debt

Monthly Paymt.

None

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Michael Pina